2004 Annual Summary of REPORTABLE DISEASES

The Columbus Health Department

Teresa C. Long, M.D., M.P.H.
Health Commissioner

Columbus Health Department
Annual Summary of Reportable Diseases 2004

If you have comments or need additional copies, please contact
Columbus Health Department
Division of Planning and Preparedness
240 Parsons Avenue
Columbus, Ohio 43215
Phone: (614) 645-6066
http://www.publichealth.columbus.gov

ACKNOWLEDGMENTS

This report was prepared by Abdoul Shmohamed, MPH/HSA, under the direction of Kathy Cowen, Director of the Office of Assessment and Surveillance.

Thanks are also due to:

Ben DeJesus, MS, Epidemiologist
Michelle Groux, MPH, Epidemiologist
Suellen Bennett, MSPH, Epidemiologist
Deb Coleman, RN, MS, Director of Infectious Disease
Pat Dietsch, RN, BA, CIC, Program Manager, Communicable Disease Prevention Team
Nancy Gantner, RN, BS, Nursing Supervisor, Immunizations/Communicable Disease
Radhika Nagisetty, MPH, Epidemiologist, Franklin County Board of Health

A special thanks to:
Susie Baker – for assistance with layout/design

September 2005

Dear Colleague:

We are pleased to send you a copy of the Columbus Reportable Disease Summary for 2004. The information contained in this summary consolidates surveillance and reports of communicable disease in Columbus for 2004. Specifically it contains: 1) list of reportable disease required by Ohio Revised Code, 2) list of confirmed diseases reported in 2004, and 3) disease specific data.

This annual summary was developed for use by health care professionals and other public health partners in Columbus. It is my hope that the data in this summary will be helpful to you in your practice. It is part of our continuing efforts to return useful information to you from the data you have reported to us. We welcome constructive suggestions and comments to that end. Use of this summary should give you a better idea of the incidence of reportable infectious diseases in our community. Thank you for your collaboration and for making Columbus healthier and safer.

Sincerely,

Teresa C. Long, M.D., M.P.H.
Health Commissioner, City of Columbus

Table of Contents

1 Quick Reference List of Reportable Infectious Diseases

Ohio law requires that the following diseases be reported to the Columbus Health Department and Franklin County Board of Health

To report please contact the Communicable Disease Reporting System (CDRS)
614-719-8888/or 614-719-8889/FAX 614-719-8890 (24/7 Reporting)

Diseases to Report Immediately by telephone (Class A1)

Anthrax
Botulism, foodborne
Cholera
Diphtheria
Measles
Meningococcal disease
Plague
Rabies, human
Rubella (not congenital)
Smallpox
Viral hemorrhagic fever (VHF)
Yellow Fever

Diseases to Report by telephone or written report by the end of the next business day (Class A2)

Chancroid
Cyclosporiasis
Dengue
E. coli O157:H7
Encephalitis, including (arthropod-borne)
Foodborne outbreaks
Granuloma inguinale
Haemophilus influenzae (invasive disease)
Hantavirus
Hemolytic uremic syndrome
Hepatitis A
Legionnaires' disease
Listeriosis
Lyphogranuloma venereum
Malaria
Meningitis (aseptic including viral and other meningitis)
Mumps
Pertussis
Poliomyelitis (including vaccine associated cases)
Psittacosis
Q fever
Rubella, congenital
Salmonellosis
Shigellosis
Staphylococcus aureus
Syphilis
Tetanus
Tuberculosis (including multi-drug resistant TB)
Tularemia
Typhoid fever
Waterborne outbreaks

Diseases to Report by telephone or written report by the end of the workweek (Class A3)

Amebiasis
Botulism (wound or infant)
Brucellosis
Campylobacteriosis
Chlamydia infections
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cytomegalovirus
Ehrlichiosis
Encephalitis (other viral and post-infections)
Giardiasis
Gonococcal infections
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Hepatitis, acute viral, undetermined etiology
Herpes (congenital)
Leprosy (Hansen Disease)
Leptospirosis
Lyme Disease
Meningitis, including other bacterial
Mycobacterial disease, other than TB
Pelvic inflammatory disease, gonococcal (PID)
Reye's syndrome
Rheumatic fever
Rocky mountain spotted fever
Streptococcal disease, group A, invasive
Streptococcal B in newborn
Streptococcal toxic shock syndrome (S.T.S.S.)
Streptococcus pneumoniae, invasive disease (ISP)
Toxic shock syndrome (T.S.S.)
Toxoplasmosis (congenital)
Trichinosis
Typhus fever
Varicella
Vibriosis
Yersiniosis

Diseases to Report the number of cases by the end of the workweek (Class B)

Chickenpox
Herpes-genital
Influenza

Report an outbreak, unusual disease or outbreak of any kind immediately (Class C)

Blastomycosis
Conjunctivitis, acute
Histoplasmosis
Nosocomial infections of any type
Pediculosis
Scabies
Sporotrichosis
Staphylococcal skin infection
Toxoplasmosis

2 Introduction

Communicable diseases (also known as infectious diseases) are caused by microorganisms, such as bacteria and viruses. A person can contract a communicable disease from an infected person, an infected animal, and/or another contaminated source, such as water or food. Typically, diseases are transmitted unintentionally, but with the concerns of bioterrorism threats and the intentional spreading of disease, the importance of disease awareness and timely reporting has come to the forefront. The Columbus Health Department (CHD) and Franklin County Board of Health have a centralized Communicable Disease Reporting System (CDRS) that monitors over ninety-two notifiable diseases that must be reported by healthcare providers, labs and other facilities throughout the year. Tracking infectious diseases allows health departments to investigate possible sources of disease, implement control measures, detect trends and outbreaks, and create effective programs and policies.

This summary represents cases of communicable disease among residents of Columbus and Franklin County that were reported in 2003 and 2004. Ohio law requires this information be reported to state and local public health agencies. Only selected communicable diseases determined to be of public health significance are reportable; therefore, the data presented here do not represent all cases of communicable diseases in Columbus. Additionally, the data represent only confirmed cases of disease and are provisional due to incompleteness of reports and some ongoing investigations. However, these data provide a reasonable portrayal of Columbus communicable disease rates.

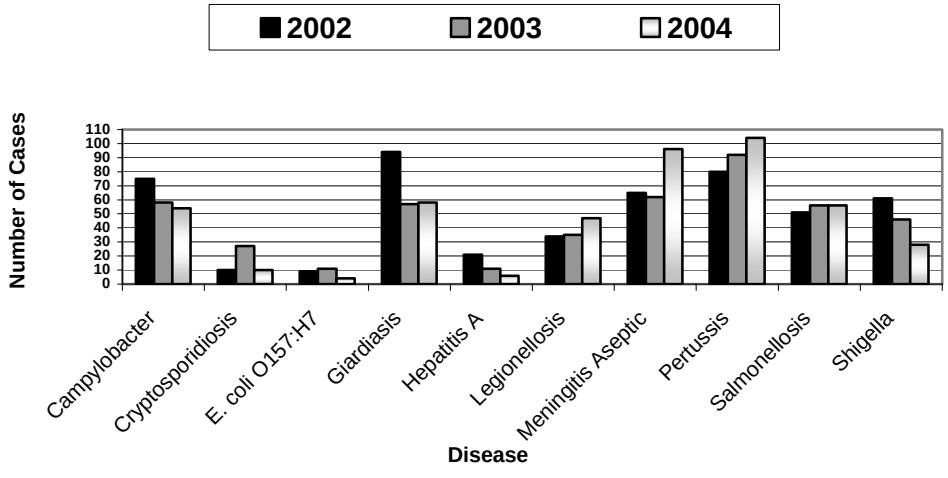
3 Key findings for 2004.

3.1 Communicable Diseases: Rates and Trends.

1. In 2004, a total of 2,203 cases of communicable disease were reported among Columbus residents. Of these, 1157 were confirmed, 782 were probable, 198 were suspect, and 66 cases were unknown or not a case.

2. Columbus' rate of communicable disease in 2004 was 159.2 cases per 100,000 people. The rate of communicable disease in Columbus increased 48% over the previous year. This is due to reporting changes for hepatitis B and C. The graph below indicates the frequency of some of the most commonly reported diseases, excluding hepatitis B and C, for 2004 and comparable data for 2002 and 2003.

Figure 1. Number of Confirmed Cases, by Selected Diseases, Reported to the Columbus Health Department



4 Frequency and Rates of Confirmed Cases Reported among Columbus and Franklin County Residents*

	2004				2003			
Population	728,432		1,088,971		728,432		1,086,588	
NR= Not reportable, NA = Not available								
	Columbus		Columbus & Franklin		Columbus		Columbus & Franklin	
Disease Name	# of Cases	Case Rate*	# of Cases	Case Rate	# of Cases	Case Rate*	# of Cases	Case Rate
HIV/AIDS*	NA	NA	235	21.6	NA	NA	239	22.0
Amebiasis	3	0.4	4	0.4	5	0.7	5	0.5
Anthrax	0	0.0	0	0.0	0	0.0	0	0.0
Botulism (foodborne)	0	0.0	0	0.0	0	0.0	0	0.0
Botulism (infant)	0	0.0	0	0.0	0	0.0	0	0.0
Brucellosis	0	0.0	0	0.0	0	0.0	0	0.0
Campylobacter	54	7.4	87	8.0	58	8.0	90	8.3
Cholera	0	0.0	0	0.0	0	0.0	0	0.0
Chlamydia*	NA	NA	4,606	423.0	NA	NA	4,732	435.5
Cryptosporidiosis	10	1.4	13	1.2	27	3.7	46	4.2
Cyclosporiasis	0	0.0	0	0.0	0	0.0	0	0.0
Dengue	0	0.0	0	0.0	0	0.0	0	0.0
Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0
E. coli O157:H7	3	0.4	7	0.6	10	1.4	21	1.9
E. coli Unspecified	0	0.0	3	0.3	0	0.0	1	0.1
Encephalitis, (Vector Born)	0	0.0	1	0.1	1	0.1	1	0.1
Encephalitis, West Nile	0	0.0	0	0.0	0	0.0	1	0.1
Giardiasis	58	8.0	88	8.1	57	7.8	81	7.5
Gonorrhea*	NA	NA	2,857	262.4	NA	NA	2,902	267.1
Haemophilus influenzae-Type B	3	0.4	4	0.4	2	0.3	2	0.2
Hantavirus	0	0.0	0	0.0	0	0.0	0	0.0
Hemolytic uremic syndrome	0	0.0	0	0.0	0	0.0	0	0.0
Hepatitis A	6	0.8	10	0.9	11	1.5	17	1.6
Hepatitis B (acute, chronic, undetermined)*	62	8.4	87	7.1	230	31.6	272	25.0
Hepatitis C (acute, chronic, undetermined)*	490	67.3	812	74.6	850	116.7	991	91.2
Legionellosis	47	6.5	64	5.9	35	4.8	49	4.5
Leprosy	0	0.0	0	0.0	0	0.0	0	0.0
Leptospirosis	0	0.0	0	0.0	0	0.0	0	0.0
Listeriosis	2	0.3	2	0.2	1	0.1	1	0.1
Lyme disease	5	0.7	9	0.8	1	0.1	3	0.3
Malaria	3	0.4	6	0.6	2	0.3	3	0.3
Measles	0	0.0	0	0.0	0	0.0	3	0.3
Meningitis, Aseptic (viral)	96	13.2	125	11.5	62	8.5	87	8.0
Meningococcal disease (*N. meningitidis*)	1	0.1	7	0.6	3	0.4	4	0.4
Meningitis (other bacterial)	7	1.0	5	0.5	9	1.2	11	1.0
Kawasaki Disease	0	0.0	0	0.0	0	0.0	0	0.0
Mumps	0	0.0	0	0.0	0	0.0	0	0.0
Pertussis	104	14.3	202	18.5	92	12.6	154	14.2
Plague	0	0.0	0	0.0	0	0.0	0	0.0
Polio	0	0.0	0	0.0	0	0.0	0	0.0

Frequency and Rates of Confirmed Cases Reported among Columbus and Franklin County Residents* (continued)

	2004				2003			
Population	728,432		1,088,971		725,228		1,086,588	
NR= Not reportable, NA = Not available								
	Columbus		Columbus & Franklin		Columbus		Columbus & Franklin	
Disease Name	# of Cases	Case Rate*	# of Cases	Case Rate*	# of Cases	Case Rate*	# of Cases	Case Rate*
Psittacosis	0	0.0	0	0.0	0	0.0	0	0.0
Q Fever	1	0.1	1	0.1	0	0.0	0	0.0
Rocky Mountain Spotted Fever (RMSF)	0	0.0	0	0.0	0	0.0	0	0.0
Rubella (congenital)	0	0.0	0	0.0	0	0.0	0	0.0
Salmonellosis	55	7.6	87	8.0	56	7.7	93	8.5
Severe Acute Respiratory Syndrome (SARS)	0	0.0	0	0.0	0	0.0	0	0.0
Shigellosis	28	3.8	37	3.4	46	6.3	62	5.7
Smallpox	0	0.0	0	0.0	0	0.0	0	0.0
Streptococcus pneumoniae invasive	79	10.8	112	10.3	62	8.5	83	7.6
Streptococcal disease-group A Invasive	20	2.7	25	2.3	21	2.9	31	2.8
Streptococcal disease-group B (perinatal)	10	1.4	12	1.1	12	1.6	14	1.3
Syphilis*	NA	NA	259	23.8	NA	NA	244	22.4
Tetanus	0	0.0	0	0.0	1	0.1	1	0.1
Tuberculosis (TB)*	NA	NA	55	5.1	NA	0.0	61	5.6
Tularemia	0	0.0	0	0.0	0	0.0	0	0.0
Typhoid Fever	2	0.3	3	0.3	0	0.0	1	0.1
Vibriosis	1	0.1	1	0.1	0	0.0	0	0.0
Yellow fever	0	0.0	0	0.0	0	0.0	0	0.0
Yersiniosis	4	0.5	10	0.9	4	0.5	9	0.8

* Please see definitions and methods section for explanation

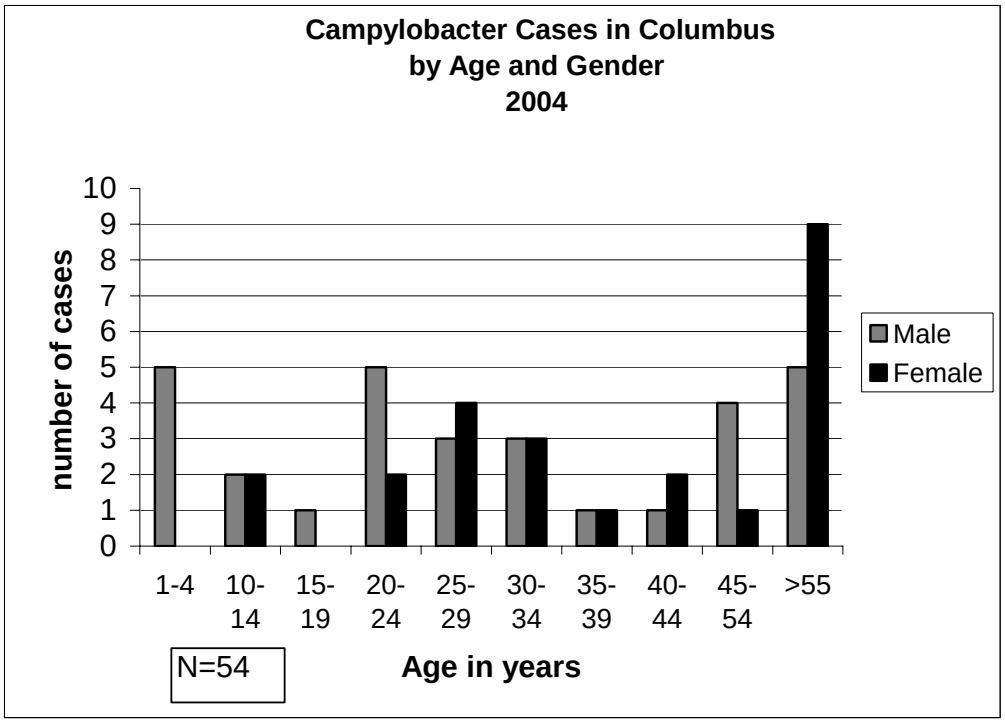
5 Highlights of Selected Diseases

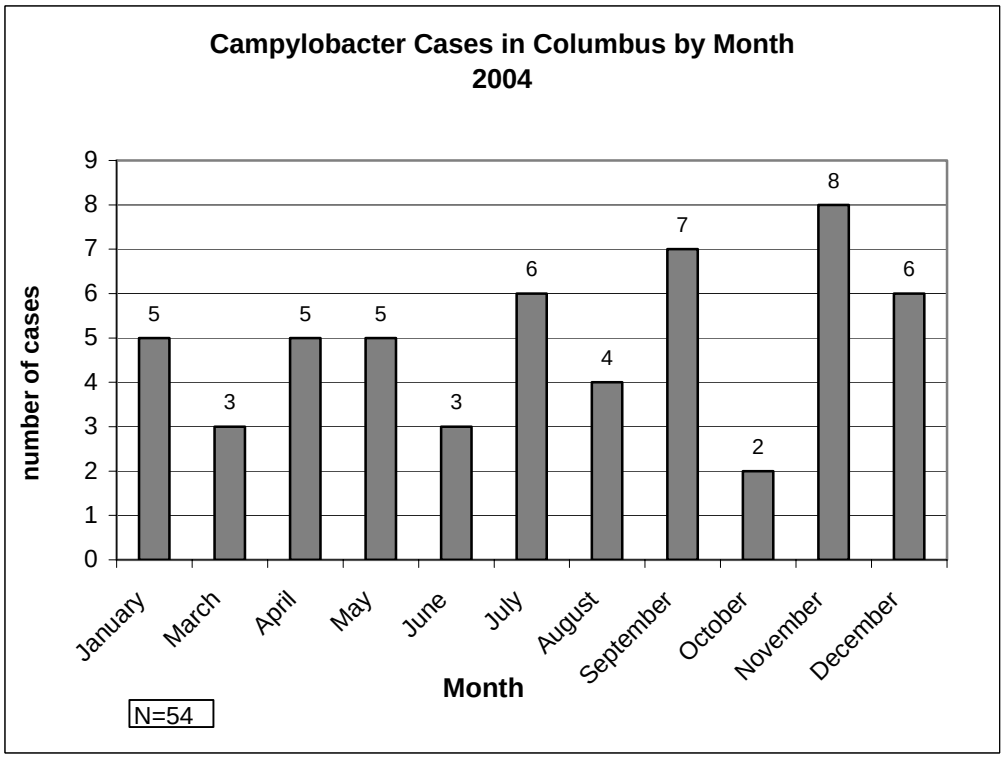
5.1 CAMPYLOBACTERIOSIS

Campylobacteriosis is an acute enteric disease characterized by diarrhea, malaise, abdominal pain, fever, nausea and vomiting. The disease, caused by *Campylobacter* bacteria, has an onset within two to five days after exposure to the organism and commonly lasts another two to five days. People can spread the disease for several days to several weeks after they are infected. However, the period of communicability can be shortened to a few days by providing effective treatment, which may include rehydration and electrolyte replacement.

People can become infected with *Campylobacter* by handling raw chicken, eating undercooked poultry or drinking unpasteurized milk. Transmission occurs most commonly by ingestion of the infectious agents in undercooked poultry and pork, and through contact with infected infants, pets, or farm animals. Water streams and wells contaminated with animal feces may also pose a hazard. Campylobacter contamination can be prevented by thoroughly cooking all animal-derived foods, especially those from poultry. Cross-contamination can be avoided by hand washing after handling animals or raw poultry and thoroughly washing cutting boards and utensils with soap after contact with food.

Campylobacteriosis is one of the most commonly reported gastrointestinal illnesses in Columbus. In 2004, 54 cases were reported, 4 less than the number reported in 2003. The cases ranged in age from less than 1 year to 81 years of age with a median age of 34 years. 56% of the cases were males.





5.2 MENINGOCOCCAL DISEASE

Meningococcal disease is an acute bacterial disease caused by *Neisseria meningitidis*. The most common serogroups of *N. meningitidis* in Ohio are B, C, and Y. (All isolates are to be sent to the Ohio Department of Health Laboratory for serotyping.) Late winter to early spring is the peak season for infection, but infections can occur at anytime of the year. Even with early diagnosis and appropriate treatment, the fatality rate of meningococcal meningitis is 5-15%. The disease manifests most commonly as meningitis and/or meningococcemia that may progress rapidly to shock and death. The disease is characterized by sudden onset of fever, intense headache, nausea and often vomiting, and stiff neck. The incubation period ranges from two to 10 days, usually three to four days. Transmission of *N. meningitidis* is from person to person or direct contact with respiratory droplets from the nose and throat of infected people. A vaccine is available for use when outbreaks are implicated. Chemoprophylaxis is used for close contact of cases (e.g., household members, intimate contacts, daycare center play-mates).

The number of cases of meningococcal meningitis reported in Columbus remains low, only one confirmed case was reported in 2004.

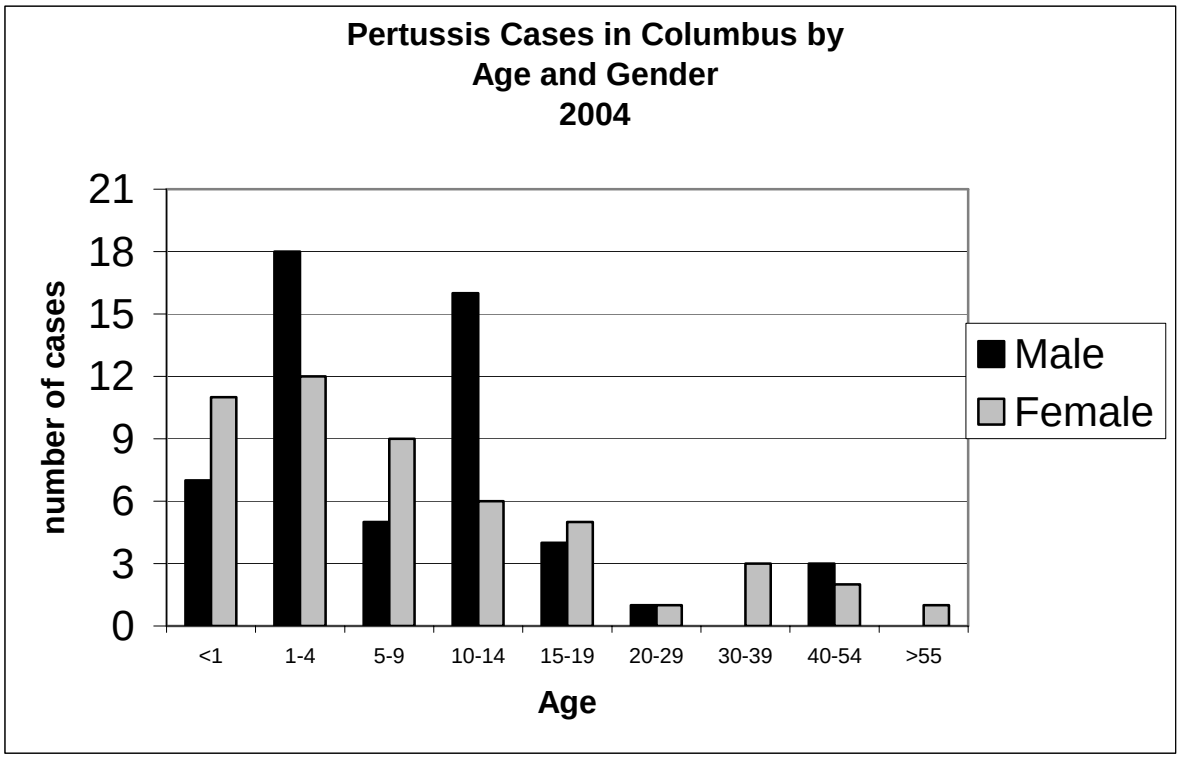
Note: The national Advisory Committee on Immunization Practices has modified its guidelines for use of the meningococcal vaccine, particularly for college students who live in dormitories. This group has been found to be at increased risk relative to other persons their age. The Ohio Revised Code now requires all students living in college dormitories to disclose whether the student has been vaccinated against meningococcal disease.

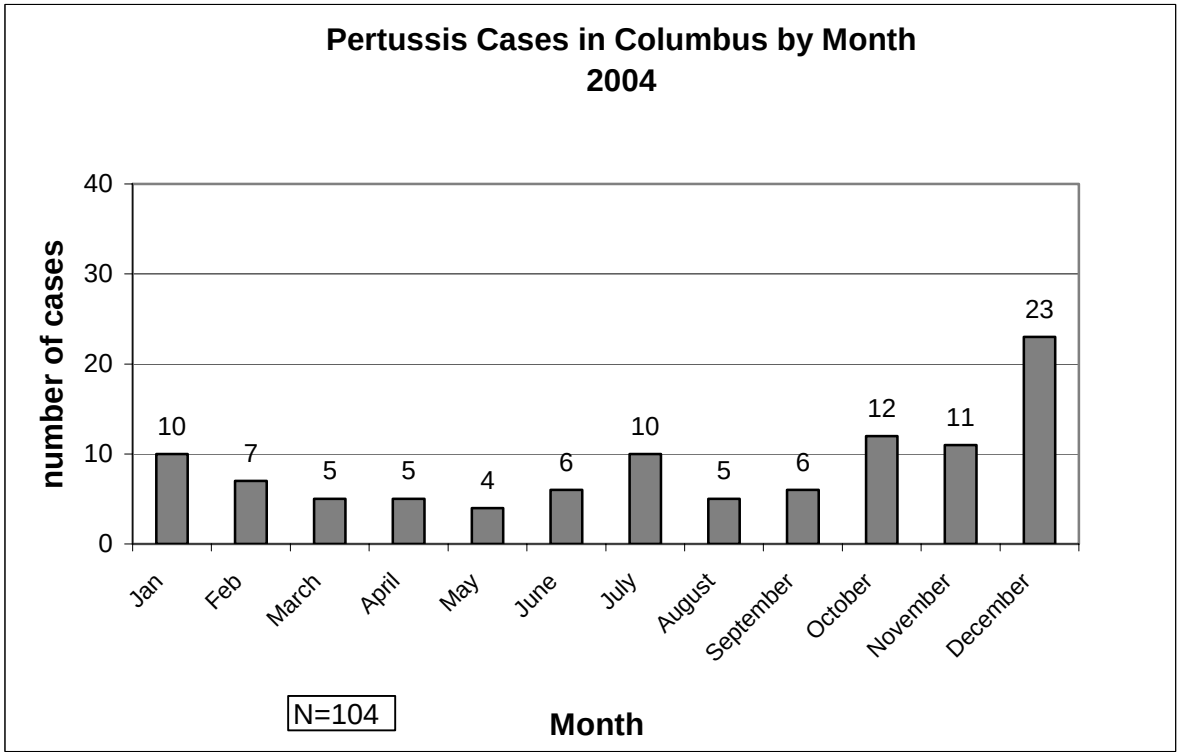
5.3 PERTUSSIS

Pertussis, also known as whooping cough, is a highly contagious bacterial infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Pertussis causes violent spells of coughing that may be followed by difficulty in breathing, vomiting, or "whooping." Transmission of pertussis occurs primarily by aerosol droplet and is most easily transmitted in the period starting 7 days after exposure to three weeks after the onset of spasmodic coughing. Seventy to 90 percent of susceptible household and other close contacts of a person with pertussis will develop the disease within 7 to 14 days after exposure (commonly 5 to 10 days). The disease may last up to 3 months and be complicated by pneumonia, seizures, or encephalopathy.

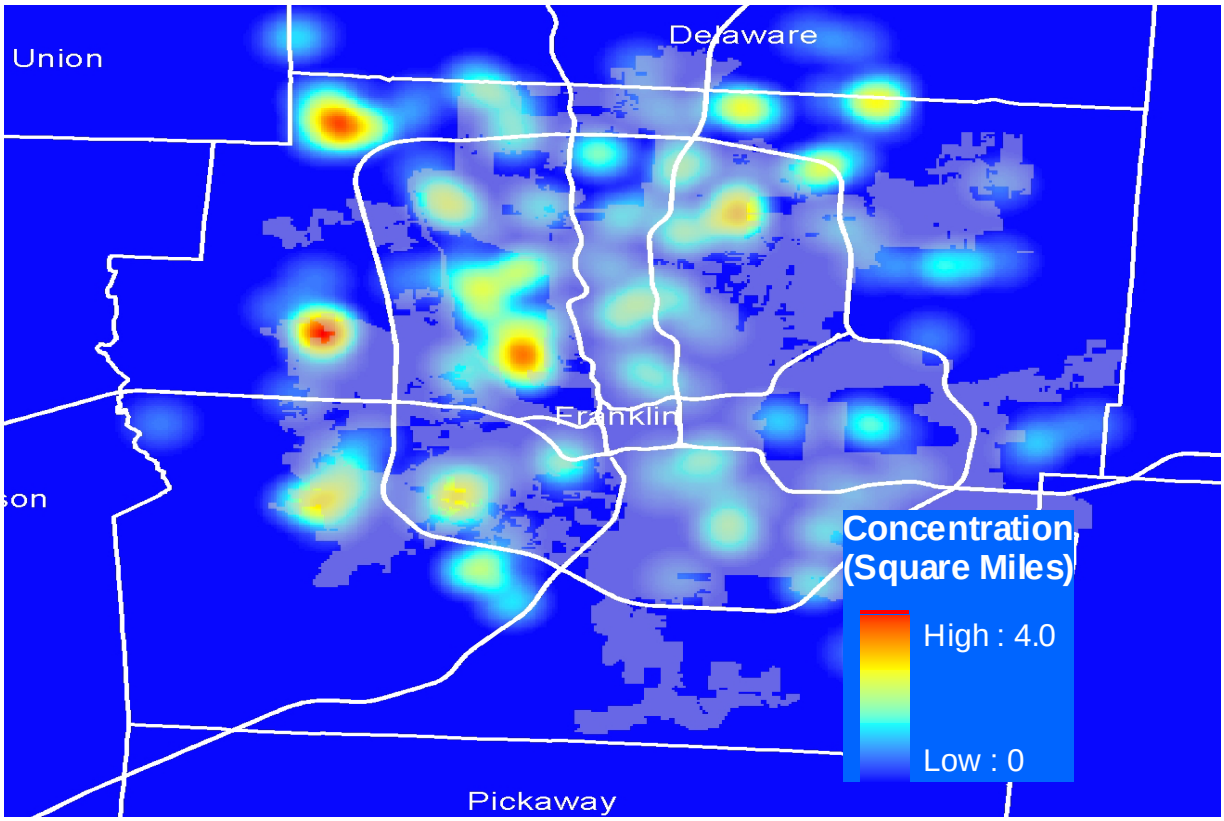
Columbus continues to see an increase in the number of pertussis cases reported. In 2004, 105 cases were reported to the Columbus Health Department. That is a 2.5 fold increase over the cases reported in 2001 and an incidence of 14.5 cases per 100,000 population. Among the 105 cases with known age, 46% occurred among children under 4 years of age while 31% of the cases were among adolescents 10-19 years. Nine cases were hospitalized, all under the age of one year. The nine cases represented 50% of all infants under one diagnosed with pertussis.

The pertussis increase is likely to reflect both improved diagnosis and reporting and a true increase in the disease incidence. A change in the epidemiology of pertussis is consistent with the fact that pertussis immunity from vaccination begins to wane 5-15 years after the last dose of pertussis containing vaccine is administered. Adolescents with pertussis are unlikely to be hospitalized or to have severe complications. However, young children, especially infants, are vulnerable to severe disease complications resulting in hospitalization, and even in death. Protection of infants too young for immunization requires increased awareness of pertussis by health care providers and parents. Providers should consider the diagnosis of pertussis in children, adolescents, and adults who develop cough lasting more than 7 days.


Pertussis Cases in Columbus by
Age and Gender
2004
number of cases
21
18
15
12
9
6
3
0
<1
1-4
5-9
10-14
15-19
20-29
30-39
40-54
>55
Age
Male
Female


Pertussis Cases in Columbus by Month
2004
number of cases
40
30
20
10
0
10
7
5
5
4
6
10
5
6
12
11
23
Jan
Feb
March
April
May
June
July
August
September
October
November
December
N=104
Month

2004 Pertussis Density – Franklin County



This is a density map of pertussis cases reported among Columbus and Franklin County residents. It shows the number of pertussis cases per square mile. The areas with the highest concentration, e.g., the northwest portions of the county (upper left), in this image are red.

6 Special Surveillance Projects and Outbreak Reports

6.1 MRSA Outbreak

On July 8, 2004, the Columbus Health Department (CHD) was notified by a local hospital regarding an increase in patients in the emergency room with skin infections of which some were confirmed with community acquired methicillin-resistant staphylococcus aureus (CA-MRSA). Preliminary investigative findings by the CHD indicated similar cases occurring in the community as a result of unsanitary tattoo procedures from unlicensed freelance operators.

An extensive investigation was also launched involving four of the five CHD divisions 1) to determine the scope of the outbreak, 2) to identify the potential source of infection and possible interventions, and 3) to assess the presence or absence of an ongoing threat to the public's health. More than 42 people were investigated; a total of 17 met the case definition. A case was defined as "any patient with a skin sore, skin infection, lesion, or abscess and has a recent history of attending a tattoo party, getting a tattoo in a home, or getting a tattoo outside of a licensed tattoo business" or "Any person with a skin infection who has been in contact with someone who meets the above description." Cases reported an onset of symptoms between early June and mid July. A molecular analysis by pulsed-field gel electrophoresis (PFGE) of 14 isolates performed at the Ohio Department of Public Health Laboratory identified a predominant strain common to all of these outbreaks.

The outbreak consisted of primary cases related to tattoos and secondary and tertiary cases primarily due to self-treatment and a lack of basic hygiene practices. For example, family and friends were treating each other by lancing and draining abscesses. However, they were not following good personal hygiene, such as washing hands, covering any open wounds, not sharing towels or other personal items, and using antibiotics only as appropriate. Among tattoo related cases, the tattoos were done by unlicensed or illegal tattooists using guitar strings, sewing needles, craft paints and printer ink cartridges as the tools for tattooing. Cases frequently reported the tattooist failed to follow sanitary practices. Some individuals received tattoos in their homes or at in-home "tattoo parties." Drug use was reported to occur during the parties. As a result of these findings, three unlicensed tattoo artists involved in this outbreak were apprehended with the help of the City of Columbus law enforcement and attorney's office.

A public health alert regarding the outbreak was sent to all local emergency departments and urgent cares, infectious disease physicians, lab directors and infection control practitioners asking them to culture specimens, to treat the infections as possible MRSA and to report any suspect or probable cases to the health department. A press release was also disseminated to the media to inform the public about the outbreak and advise them to avoid and report unlicensed tattoo facilities or practices. A blast fax and mass mailing of a special Communicable Disease Reporting System (CDRS) newsletter was sent to over 1800 physicians in Franklin County informing them about the outbreak of MRSA, its treatment, antibiotic sensitivity, where to send patients who have no money or insurance, and information about unlicensed tattoos. A voicemail hotline was established that provided anonymous access to information and referrals for health care.

One of the problems encountered during the investigation was the unique population. Many of the cases had no medical insurance or Medicaid, had poor health habits, and had little trust in the health care system. However, one of the local health systems volunteered to see the patients, set up a special clinic and provided antibiotics for those who came into their emergency or urgent care center. In addition, extensive community outreach and public health home visits were used to disseminate the public health alert in the neighborhoods most affected.

MRSA is bacterium commonly found on the skin and in the nose of healthy people and is resistant to the antibiotic, methicillin, and other commonly used antibiotics, such as penicillin and cephalosporins. These germs have a unique gene that causes them to be unaffected by all but the highest concentrations of these antibiotics.

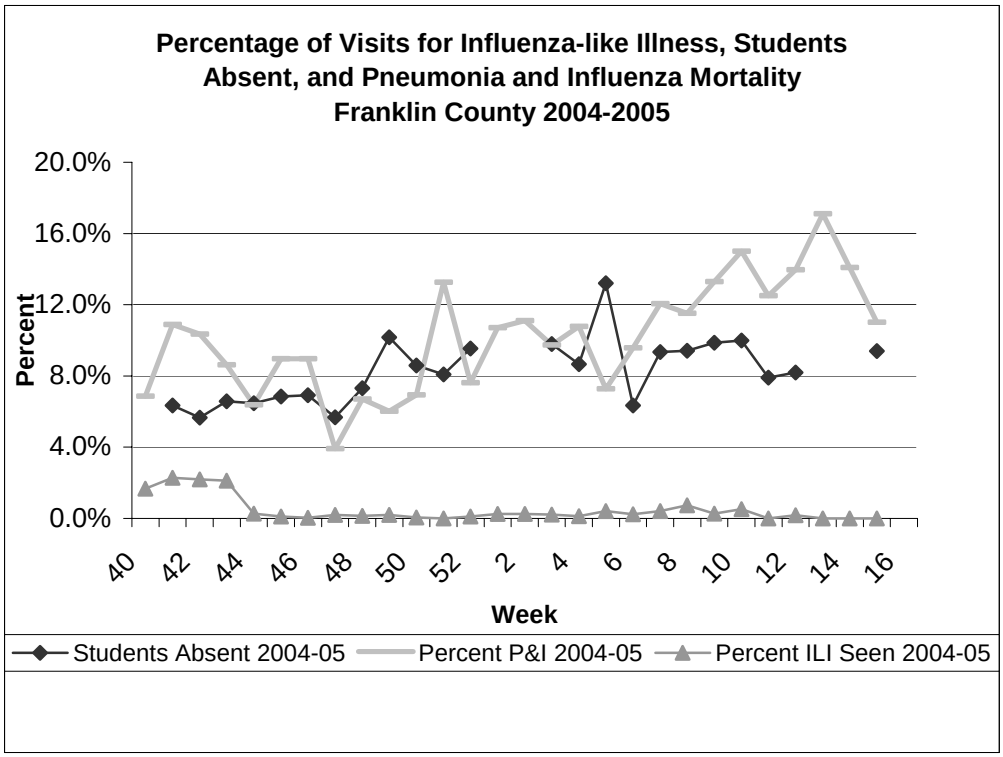
This MRSA outbreak report reflects the importance of CA-MRSA infections. Because of the diligent collaboration among the CHD divisions and other public health partners in the community, this outbreak was identified quickly and intervention and treatment provided promptly. CHD continues to conduct active, population-based surveillance for CA-MRSA to help characterize the incidence and risk factors for MRSA in the community.

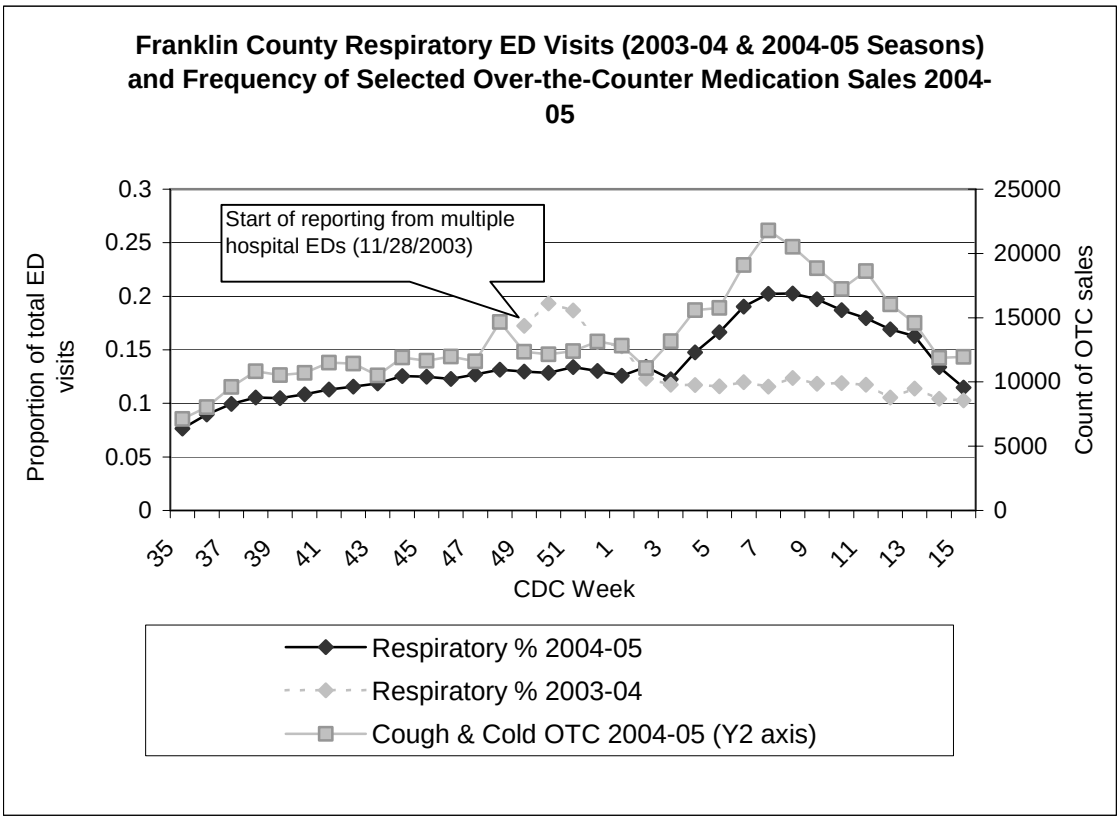
6.2 Influenza Surveillance 2004-2005

The influenza surveillance system uses many sources of data to monitor the influenza and other respiratory illnesses each flu season in Columbus and Franklin County. The data sources include: counts of patients with influenza-like illness (ILI) seen in selected medical practices, school absenteeism, pneumonia and influenza (P&I) mortality, emergency department visits and over the counter medication sales. Columbus City Public Schools, 12 physician clinics and nine hospital emergency departments participated in the influenza-like illness syndromic surveillance program by providing weekly reports of ILI morbidity based on client visits or absenteeism. The formal influenza surveillance period begins the first week of October and ends the last week of May. However, the potential exists for influenza activity to continue or for a highly pathogenic influenza strain such as influenza A (H5N1) to emerge, so alertness to occurrence of influenza transmission is always present year-round.

Overall influenza activity in the 2004-05 season can be described as "mild." The percentage of patient visits for influenza-like illness in Franklin County peaked during the week of October 10, 2004 to early November 2004 but remained below 1% throughout the rest of the season. This was lower than the percentage reported in the East North Central region of the United States (the region that includes Ohio) and that of the nation as a whole. The percentage of all deaths that were due to P&I in Franklin County peaked at 17.1% during the week ending April 2 and exceeded the epidemic thresholds set during the 2003-04 season. For Columbus Public School absentee surveillance, the percent of students absent peaked the week ending January 29, which is higher than the increases seen during the same period last year.

The Columbus Health Department and the Franklin County Board of Health track the number of visits to local hospital emergency departments (EDs) that are due to respiratory illness, as well as the number of certain over-the counter (OTC) medications and products sold in various retailers in the area. Last year's seasonal data shows that the proportion of visits to local hospital emergency departments that are coded as respiratory illness started to increase substantially in late-January, reached a peak in mid-to late February, and has slowly decreased since then. The number of OTC cough and cold medication sales have also dropped since reaching a peak in mid-February.





7 Definitions and Methods

The Ohio Administrative Code 370-3-02, 3701-5-05, and 3701-3-12 requires by law that communicable diseases be reported to local health departments. Reportable diseases are grouped by class and all the diseases reported in this summary are class A, which is defined as:

1) Diseases of major public health concern because of the severity of disease or potential for epidemic spread. Report by telephone immediately upon recognition that the case, suspected case, or positive laboratory result exists.
2) Diseases of public health concern needing timely response because of potential for epidemic spread. Report by the end of next business day upon existence of a case, suspected case, or positive laboratory result.
3) Diseases of significant public health concern. Report by the close of each working week upon existence of a case, suspected case, or positive laboratory result.

7.1 Case criteria and definitions

Case definitions are determined by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with the Centers for Disease Control and Prevention (CDC) and are published in the Morbidity and Mortality Weekly Report (MMWR) [1997; 46(RR-10)] located on the web at http://www.cdc.gov/mmwr/PDF/rr/rr4610.pdg. Cases are grouped into the following categories:

- Suspected case: a case for which a reportable condition is being considered in the differential diagnosis, but for which confirmatory laboratory testing has not yet been completed
- Confirmed case: a case that is classified as “confirmed” for reporting purposes
- Probable case: a case that is classified as “probable” for reporting purposes

For a complete list of reportable diseases in Ohio, please refer to Ohio’s Infectious Disease Control Manual: http://www2.odh.ohio.gov/Resources/publications/publications/IDCManual/Idintro.htm

7.2 Notes on specific diseases and rates

- Hepatitis B numbers (chronic, acute, or undetermined) are combined due to a change in reporting rules.
- Hepatitis C numbers (chronic, acute, or undetermined) are combined due to a change in reporting rules.
- STDs and TB data are from separate ODH sources. The total cases are only available for Franklin County and Columbus combined. Syphilis numbers include primary and secondary and all other stages of disease.
- Calculated disease rates are limited to confirmed cases
- The 2003 and 2004 population estimates used in rate calculations were obtained from the United States Census Bureau.

7.3 Diseases not included in the table

There were no known cases in Columbus of the following Class A reportable diseases for: Creutzfeldt-Jakob disease, cytomegalovirus, ehrlichiosis, granuloma inguinale, hepatitis D, hepatitis E, herpes (congenital), lymphogranuloma venereum, mycobacterial disease (other than TB), pelvic inflammatory disease (PID), Reye's Syndrome, rheumatic fever, streptococcal toxic shock syndrome (STSS), toxic shock syndrome (TSS), toxoplasmosis, trichinosis, varicella (death only). No class B reportable diseases are included in the table.

7.4 Notes on reporting systems

Data are from the Ohio Department of Health and the Communicable Disease Reporting System (CDRS), a joint effort between Columbus Health Department and Franklin County Board of Health. Cases of sexually transmitted diseases, tuberculosis, AIDS, and HIV have separate reporting systems and are considered separately. The numbers in this summary do not necessarily reflect City or County numbers reported to the ODH-ODRS system. Cases may have been either excluded due to the reporting time, onset date, or when the supplemental information was received.

8 References

Centers for Disease Control and Prevention. *Summary of Notifiable Diseases:*
http://www.cdc.gov/epo/dphsi/annsum/index.htm
http://www.cdc.gov/ncidod/diseases/
Ohio Department of Health Infectious Disease Control Manual
http://www2.odh.ohio.gov/Resources/publications/IDCManual/ID_Intro.htm